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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am DOCUMENT # P98000070762 Secretary of State 1. Entity Name 01-28-2002 90030 044 ***150 00 CARINA ENTERPRISES, INC. Principal Place of Business Mailing Address 1126 S FEDERAL HIGHWAY-4126-S-FEDERAL-HIGHWAY 120 -FORT LAUDERDALE FL 38316 FORT LAUDERDALE FL 93910 2. Principal Place of Business 3. Mailing Address 708 S.W. 16Th 708 S.W. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0857069 orthander du ort Lu Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3*33/S* Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Joseph -RUSSELL, JOSEPH-1126 S FEDERAL HWY ·126 -FORT LAUDERDALE FL 33310-8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ₽P- ☐ Delete TITLE (9/01)Change Russell, Joseph 708 S.W. 16/th Street RUSSELL, JOSEPH NAME NAME STREET ADDRESS 1126 S FEDERAL HIGHWAY #120-STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL-33316 Fort Lauderdule FL 33315 CITY-ST-ZIP ₩ ☐ Delete TITLE RUSSELL, VIRGINIA-D NAME STREET ADDRESS 1126 S FEDERAL HIGHWAY 126 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33316-Delete TITLE Change --- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: